

## **Application Data Sheet**

### **Application Information**

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF:

Title: Testing of Reconfigurable Logic and Interconnect  
Sources

Attorney Docket Number: 003921.00136

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:

Total Drawing Sheets: 15

Small Entity?: NO

Latin name:

Variety denomination name:

Petition included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: France  
Status: Full Capacity  
Given Name: Xavier  
Middle Name:  
Family Name: Montagne  
Name Suffix:  
City of Residence:  
State or Province of Residence: Houilles  
Country of Residence: France  
Street of mailing address: 1, rue Gay Lussac  
City of mailing address:  
State or Province of mailing address: Houilles  
Country of mailing address: France  
Postal or Zip Code of mailing address: 78800

Applicant Authority Type: Inventor  
Primary Citizenship Country: France  
Status: Full Capacity  
Given Name: Franck  
Middle Name:  
Family Name: Maquignon  
Name Suffix:  
City of Residence:  
State or Province of Residence: NOZAY  
Country of Residence: France  
Street of mailing address: 11 allée des Pivoines  
City of mailing address:

State or Province of mailing address: NOZAY  
Country of mailing address: France  
Postal or Zip Code of mailing address: 91620

### **Correspondence Information**

Correspondence Customer Number: 22907

### **Representative Information**

Representative Customer Number: 22907

### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

### **Foreign Priority Information**

Country:	Application number:	Filing Date:	Priority Claimed:

### **Assignee Information**

Assignee name:  
Street of mailing address:  
City of mailing address:  
State or Province of mailing address:  
Country of mailing address:  
Postal or Zip Code of mailing address: